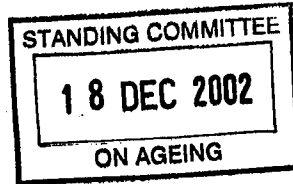


13 December 2002

Dr Margot Kerley
Committee Secretary
Standing Committee on Ageing
House of Representatives
Parliament House
CANBERRA ACT 2600



Ann Corcoran, MP
Member for Isaacs

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Dear Dr Kerley

Please find enclosed a submission to the Standing Committee on Ageing.

The submission is the result of a round table on Health & Aged Care established in Isaacs.

Yours sincerely

Ann Corcoran, MP
Federal Member for Isaacs



Dr Margot Kerley
Committee Secretary
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Wednesday, 4 December 2002

Dear Dr Kerley

The Isaacs Health and Aged Care Round Table have noted the Committee's inquiry into Ageing and would like the following points considered.

1. Aged Care Beds

The electorate of Isaacs does not have enough aged care beds. The City of Casey, which has significant area in common with the electorate of Isaacs, has supplied the following information.

The Aged Care Planning Advisory Committee (ACPAC) Guidelines indicate that Casey should have approximately 788 residential and community care places now and that this will need to grow to 2,285 places over the next 20 years. At present there are 490 residential care places and about 67 Community Care packages (the precise number is not known as Casey was unable to obtain this information from the Commonwealth Department).

There is clearly a big gap between the number of places available and the number needed – a shortfall of 298. This situation is exacerbated by the fact that the places are not evenly distributed throughout the area, the northern end of Casey has about 12 people over 70 years old for each place whilst the southern end has about 37 people per place – the guideline's standard is 10 people per place.

This situation has been partly addressed in the recent aged care approvals round. Cranbourne, in the southern end of Casey, had been identified as a priority area. Nevertheless there is still a significant shortfall of places in the City of Casey, particularly the southern end. *(Ref: Briefing Paper for Local State and Federal Members of Parliament – "Federal Government Aged Care Approvals Round – 2002 prepared by the City of Casey)*

The City of Kingston – another Council with a significant area in common with the electorate of Isaacs – notes that its over 70's



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population in 2000 was 13,109 and it currently has 677 residential care places, including 84 “approvals in progress”. This is a shortfall of 503 places, or put another way is a ratio of 19 people over 70 years of age. According to information available on the Department’s website, no places were allocated within the Kingston LGA in the round just announced. (*Ref: Defining and Responding to the Demand for Residential Aged Care in the City of Kingston, Stage 1 Final Report – May 2002; prepared by the City of Kingston*)

The Riverside Nursing Home incident of 2000 is still a real concern to many residents in Isaacs (The Riverside Nursing Home was in Isaacs). There are two issues here. The first is that it is not clear where the beds that were in Riverside are now; there is a strong feeling amongst those in the area that the beds are partly or completely lost to the area which is upsetting to many in the community. The beds were certainly lost to the immediate area.

The second issue is about longer term planning that many older people do. A number of people have purchased retirement homes in the area near Riverside and others have purchased an apartment in a serviced apartment facility next door to Riverside.

Many of these people did so because they were lead to believe that they would be accommodated in Riverside when or if the need arose. The closure of Riverside is causing these people significant worry and upset. They are also feeling cheated.

They believed they had taken the necessary steps to ensure their well being as they grew older and frailer.

This highlights the need for a process , which enables people to plan for physical care in old age with a degree of certainty.

Real Estate – There is a concern that some suburban Nursing Homes sit on land that is increasing in value. Some operators are choosing to sell their beds in order to realise the value of the land. The new owners then transfer the beds to another area.

There needs to be a positive attempt to ensure that aged care beds are sited in all areas to ensure residents are able to continue living in their neighbourhood or near family.

2. Funding for Care provided in the home

CACP’s - Funding for residential places and for community care places has not kept pace with costs and that this adds to the pressure within the system. Community Aged Care Packages (CACP’s) should be more appropriately funded and promoted within the community to

encourage older people to maintain their independence and stay at home with support available to them when required.

It was also reported that the mix of funding sources between the Commonwealth and State Governments caused difficulties. The Commonwealth often funds new providers that may not have infrastructure in place. A more efficient distribution of funds for services would be the provision of further funding to agencies that are already providing CACP's and have infrastructure in place.

When a client has been receiving Home & Community Care funded services and moves to a CACP's program (Commonwealth funded) the provider of the CACP is charged 'full cost recovery' from the State funded provider. This impacts on the level of service the CACP provider is able to offer the client.

More funding is required for each CACP so that individual clients can be given extra assistance. Currently the client receives 4-5 hours of care per week, whilst clients in Hostels receive 24-hour care. If there is to be an ongoing change to encourage clients to stay in their home, then the funding needs to be increased to allow for an appropriate level of care.

CACP's clients are eligible to receive 'aids and equipment' assistance, however they are considered a 'low priority'. This means their name will never reach the top of the list because there will always be more urgent cases. This is due to the assumption that CACP's providers are able to fully fund their client's needs. This is not the case.

Extended Aged Care in the Home - There can be a false sense of security for clients and their families who participate in this program. Providers have advised that they are unable to provide the level of care required by a client with the funding that is currently provided.

Each client has a different level of risk, thus different levels of care are required. Hospital funding levels put pressure on Occupational Therapists to clear clients to go home from hospital, who are not necessarily ready to do so. Appropriate services in the home are not always available to them.

Nutrition – There are nutritional aspects, which should also be considered for clients who stay in their own home in their older years. Food is not subsidised for these clients. Many older people lose interest in their meals and some do not have the ability to prepare meals for themselves. Programs to encourage good, ongoing nutrition need to be devised.

Meals on Wheels provides for 1/3 of a person's nutritional needs for a day. We have been advised that there are clients who spread this meal across the whole day.

Staffing – Small numbers of people are graduating with the qualifications required by an aged care facility. There are problems attracting people to the system and generally a lack of professionals in the system. The relatively poor salary available to workers in aged care leads to problems in retaining staff. There needs to be more money for providers to train and keep staff.

3. Training for old age

There should be programs for all stages of life, particularly our older years.

The notion of training for old age needs to be introduced. As we go through life we are taught about caring for our health, introduced and encouraged into sporting activities and we should also be taught to prepare for our older years.

This should include developing interests that carry on into old age as well including sports and activities that are appropriate for older people. Community organisations (Senior Citizens, Lions, Rotary etc) should be encouraged and funded, to provide ongoing support for older Australians to participate in keeping physically and mentally active.

4. Dementia/Young Patients

The group also notes the lack of specialised facilities available to people with dementia and young people, particularly those with acquired brain injuries. These people are often accommodated in an aged care facility. This environment is often not suitable for these patients and accommodating them within an aged care facility adds increased pressure on the staff and facility.

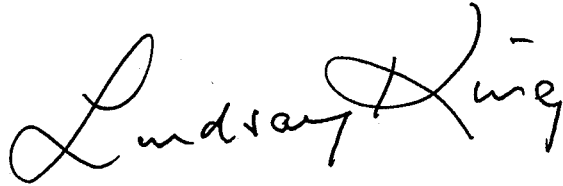
As the needs of younger people are different to that of older residents the younger people can become disruptive in an aged care facility and this again increases pressure on staff and the residents.

Obviously too, the younger person occupies a bed that would otherwise be available to an older person.

Conclusion

The community as a whole needs to take responsibility for better care, services and support for older Australians. This requires more funding and more targeted funding for programs and assistance.

Yours sincerely

A handwritten signature in black ink that reads "Lindsay King". The signature is written in a cursive style with a large initial 'L' and a distinct 'K'.

Mr Lindsay King
On behalf of the Isaacs Health & Aged Care Roundtable